Vital Sign:	Pulse Rate
Measurement:	67 /min
Comments:	--
Location:	No CA Healthcare Sys-Martinez
Date/Time Collected:	09 Jun 2022 @ 1006

Vital Sign:	Pulse Rate
Measurement:	74 /min
Comments:	--
Location:	No CA Healthcare Sys-Martinez
Date/Time Collected:	09 Dec 2021 @ 1115

Vital Sign:	Pulse Rate
Measurement:	69 /min
Comments:	--
Location:	No CA Healthcare Sys-Martinez
Date/Time Collected:	28 Apr 2021 @ 1001

Vital Sign:	Pulse Rate
Measurement:	66 /min
Comments:	--
Location:	No CA Healthcare Sys-Martinez
Date/Time Collected:	15 Sep 2020 @ 1227

Vital Sign:	Respiration
Measurement:	18 /min
Comments:	--
Location:	No CA Healthcare Sys-Martinez
Date/Time Collected:	22 Sep 2023 @ 1400

Vital Sign:	Respiration
Measurement:	16 /min
Comments:	--
Location:	No CA Healthcare Sys-Martinez
Date/Time Collected:	22 Sep 2023 @ 1300

Vital Sign:	Respiration
Measurement:	20 /min
Comments:	--
Location:	No CA Healthcare Sys-Martinez
Date/Time Collected:	22 Sep 2023 @ 1216

Vital Sign:	Respiration
Measurement:	17 /min
Comments:	--

Location:	No CA Healthcare Sys-Martinez
Date/Time Collected:	22 Sep 2023 @ 0924

Vital Sign:	Respiration
Measurement:	16 /min
Comments:	--
Location:	No CA Healthcare Sys-Martinez
Date/Time Collected:	22 Sep 2023 @ 0919

Vital Sign:	Respiration
Measurement:	16 /min
Comments:	--
Location:	No CA Healthcare Sys-Martinez
Date/Time Collected:	12 Sep 2022 @ 0953

Vital Sign:	Respiration
Measurement:	16 /min
Comments:	--
Location:	No CA Healthcare Sys-Martinez
Date/Time Collected:	09 Jun 2022 @ 1006

Vital Sign:	Respiration
Measurement:	16 /min
Comments:	--
Location:	No CA Healthcare Sys-Martinez
Date/Time Collected:	09 Dec 2021 @ 1115

Vital Sign:	Respiration
Measurement:	16 /min
Comments:	--
Location:	No CA Healthcare Sys-Martinez
Date/Time Collected:	15 Sep 2020 @ 1227

Vital Sign:	Weight
Measurement:	166.2 lb
Comments:	--
Location:	No CA Healthcare Sys-Martinez
Date/Time Collected:	22 Sep 2023 @ 1543

Vital Sign:	Weight
Measurement:	168.7 lb
Comments:	--
Location:	No CA Healthcare Sys-Martinez
Date/Time Collected:	20 Apr 2023 @ 1022

Vital Sign:	Weight

Measurement:	165 lb
Comments:	--
Location:	No CA Healthcare Sys-Martinez
Date/Time Collected:	12 Sep 2022 @ 0953

Vital Sign:	Weight
Measurement:	170 lb
Comments:	--
Location:	No CA Healthcare Sys-Martinez
Date/Time Collected:	09 Jun 2022 @ 1006

Vital Sign:	Weight
Measurement:	167 lb
Comments:	--
Location:	No CA Healthcare Sys-Martinez
Date/Time Collected:	15 Sep 2020 @ 1227

Self Reported Vitals & Readings

Source:	Self-Entered
No information was available that matched your selection.	

VA Radiology Reports

Source:	VA
Last Updated:	31 Dec 2023 @ 1453
Sorted By:	Date/Time Exam Performed (Descending)

VA Radiology Reports are available thirty-six (36) hours after they have been completed. Your VA provider may need more time to review the results. Some studies done at a non-VA facility may not be available or they may not necessarily include an interpretation. If you have any concerns about your reports, contact your VA health care team.

Procedure/Test Name:	CT ANGIO CHEST
Date/Time Exam Performed:	22 Sep 2023 @ 1111
Ordering Location:	No CA Healthcare Sys-Martinez
Requesting Provider:	DOMA,ANAMIKA K
Reason for Study:	Pulmonary Embolism Protocol
Performing Location:	No CA Healthcare Sys-Martinez 150 Muir Road, MARTINEZ 94553
Clinical History:	chest pain, SOB Does the patient have any contraindications to CT IV contrast? No. By clicking Accept Order, you are accepting the risks associated with the contrast material and the radiation risk associated with this examination. The exam ordered might be changed by the Radiologist to benefit the patient. Last eGFR: eGFR Collection DT Spec eGFR CK eGFR(MD 09/22/2023 09:55 PLASM 75 Last Creatinine: SLT - Creatinine Collection DT Specimen Test Name Result Units Ref Range 09/22/2023 09:55 PLASMA CREATININE 1.11 H mg/dL 0.5 - 1.1
Radiologist:	KHONG,KATHLEEN

Report

Report:
EXAM: CT Chest with IV contrast

DATE/TIME: 9/22/2023 11:43 PDT

INDICATION: Pulmonary Embolism Protocol

TECHNIQUE: The patient was scanned from the lung apices through the hemidiaphragms after intravenous administration of 100 mL of IV Visipaque. Axial reformatted images were performed in soft tissue and lung windows.

COMPARISON: 1/19/23.

DOSE:

DLP - 203 mGycm

FINDINGS:

CHEST:

VASCULATURE: No central pulmonary arterial filling defects.

Course and caliber of great vessel great vessel takeoff is unremarkable. Mild calcifications of the aorta..

LUNGS AND PLEURA: Bibasilar subsegmental atelectasis. No focal consolidation. Left apical 3 mm solid pulmonary nodule (6:11). Unchanged right middle lobe 9 x 4 mm nodular density compared to prior CT of 1/90/23.

MEDIASTINUM AND HILA: No mediastinal adenopathy. No hilar adenopathy. Heart size is within normal limits. Mild coronary arterial calcifications. No significant pericardial fusion.

CHEST WALL: No axillary adenopathy. Chest wall is unremarkable..

UPPER ABDOMEN: Limited visualized portions of the liver, gallbladder, spleen, GI tract, pancreas, adrenal glands, bilateral kidneys, and gallbladder are unremarkable.

BONES: Mild multilevel degenerative changes of the thoracic spine. No suspicious osseous

Impression:

1. No CT evidence of acute pulmonary embolism.

2. Other findings without significant interval change compared to prior CT of 1/19/23. This includes a right middle lobe 9 x 4 mm nodular density for which follow-up CT chest was recommended in Jan 2024.

9/22/2023 13:10 PDT

Primary Diagnostic Code: NO ALERT REQUIRED

Procedure/Test Name:	CHEST 1 VIEW
Date/Time Exam Performed:	22 Sep 2023 @ 0959
Ordering Location:	No CA Healthcare Sys-Martinez
Requesting Provider:	DOMA,ANAMIKA K
Reason for Study:	chest pain
Performing Location:	No CA Healthcare Sys-Martinez 150 Muir Road, MARTINEZ 94553
Clinical History:	chest pain
Radiologist:	KHONG,KATHLEEN

Report

Report:
EXAM DATE: 9/22/2023 10:14 PDT

CHEST 1 VIEW ,

CLINICAL INDICATION: chest pain

COMPARISONS: 8/9/22

FINDINGS:

Tubes/Lines: None.

Mediastinum: Cardiomediastinal silhouette is within normal limits of size.

Lungs: Trachea is unremarkable. Pulmonary vascularity is within normal limits. No focal consolidation.

Pleura: No visible pleural effusion. No visible pneumothorax.

Bones/Soft tissues: Bones are unremarkable. Soft tissues are unremarkable.

Upper abdomen: Visualized upper abdomen is unremarkable.

Impression:

1. No acute cardiopulmonary abnormality.

9/22/2023 10:21 PDT

Primary Diagnostic Code: NO ALERT REQUIRED

Procedure/Test Name:	CT CHEST - LOW DOSE
Date/Time Exam Performed:	19 Jan 2023 @ 1245
Ordering Location:	No CA Healthcare Sys-Martinez
Requesting Provider:	DULAI,KAMALPREET
Reason for Study:	f/u groundglass opacity noted on NMPS
Performing Location:	No CA Healthcare Sys-Martinez 150 Muir Road, MARTINEZ 94553
Clinical History:	6 mo f/u ground glass opacity noted on NMPS Does the patient have any contraindications to CT IV contrast? No. By clicking Accept Order, you are accepting the risks associated with the contrast material and the radiation risk associated with this examination. The exam ordered might be changed by the Radiologist to benefit the patient. Last eGFR: eGFR Collection DT Spec eGFR CK eGFR 06/09/2022 12:07 PLASM 85 Last Creatinine: SLT - Creatinine Collection DT Specimen Test Name Result Units Ref Range 06/09/2022 12:07 PLASMA CREATININE 1.00 mg/dL 0.5 - 1.1
Radiologist:	ADRAKTAS,DIONESIA DEMETRA

Report

Report:
EXAM: CT CHEST - LOW DOSE

DATE/TIME: 1/19/2023 13:22 PST

INDICATION: f/u groundglass opacity noted on NMPS

COMPARISON: Prior nuclear medicine myocardial perfusion study 7/7/2022.

TECHNIQUE: Contiguous axial slices of the chest were submitted without IV contrast. Multiplanar reformatted images were submitted.

DOSE: CTDIvol Mean: 2.54, mGy / DLP: 91, mGy.cm

FINDINGS:

Chest wall/Breasts/Axilla: Unremarkable.

Lower Neck/Thyroid: Unremarkable.

Trachea/Central Airways: Patent

Mediastinum/Hila: No enlarged lymph nodes.

Vessels: No thoracic aortic aneurysm. Main pulmonary artery normal in caliber.

Heart/Pericardium: Normal heart size. No pericardial effusion. Coronary artery calcifications.

Lungs: No areas of airspace consolidation. Mild centrilobular and paraseptal emphysema. Unchanged 9 x 4 mm nodular density in the right middle lobe seen on series 4 image 142. Small calcified granuloma left lung apex.

Pleura: No pleural effusion. No pneumothorax.

Esophagus: Small hiatal hernia.

Upper abdomen: Unremarkable.

Osseous Structures: No acute fracture. No aggressive appearing osseous lesion.

Impression:

Unchanged 9 x 4 mm nodular density right middle lobe. Recommend follow-up chest CT in 12 months.

1/20/2023 9:44 PST

Primary Diagnostic Code: NO ALERT REQUIRED

Procedure/Test Name:	SPINE CERVICAL MIN 6 VIEWS
Date/Time Exam Performed:	12 Sep 2022 @ 1034
Ordering Location:	No CA Healthcare Sys-Martinez
Requesting Provider:	DULAI,KAMALPREET
Reason for Study:	neck pain
Performing Location:	No CA Healthcare Sys-Martinez 150 Muir Road, MARTINEZ 94553
Clinical History:	
Radiologist:	CHAN,STEVE S

Report

Report:
STUDY: Cervical spine series

COMPARISON: None

FINDINGS: 7 cervical type vertebrae. Normal vertebral body height. Grade 1 retrolisthesis of C4 on C5 which improves with flexion but worsens with extension. Grade 2 retrolisthesis of C5 on C6 which improves with flexion. Mild to moderate C3-4 and moderate C4-5 and C5-6 disc space narrowing. No significant foraminal encroachment. Preserved atlantodens interval. The lateral masses of C1 are normally aligned. Unremarkable prevertebral soft tissues.

Impression:

1. Multilevel cervical spine degenerative disc space narrowing.

2. Cervical spine spondylolisthesis with increased sagittal translation on dynamic flexion/extension lateral radiographs as described.

9/15/2022 8:04 AM

Primary Diagnostic Code: SIGNIFICANT ABNORMALITY, ATTN NEEDED

Procedure/Test Name:	CHEST 2 VIEWS
Date/Time Exam Performed:	09 Aug 2022 @ 1302
Ordering Location:	No CA Healthcare Sys-Martinez
Requesting Provider:	DULAI,KAMALPREET
Reason for Study:	chronic cough
Performing Location:	No CA Healthcare Sys-Martinez 150 Muir Road, MARTINEZ 94553
Clinical History:	
Radiologist:	GOODMAN,CHAD

Report

Report:
Discussion: 2 views of the chest are submitted for interpretation. Comparison is made with previous studies dated 9/15/2020 as well as 3/1/2012. Examination demonstrates the lungs are clear without any evidence of pneumonia or pulmonary edema. There is no evidence of pleural effusion or pneumothorax. Cardiac silhouette is within normal size. Moderate degenerative changes present in the thoracic spine. No gross acute osseous abnormalities are seen. Overall appearance is stable and unchanged as compared to previous studies.

Impression:
No radiographic evidence of acute cardiopulmonary disease. No pulmonary edema, soft tissue pulmonary nodules, or lobar alveolar consolidation/pneumonia appreciated.

8/11/2022 8:59 AM

Primary Diagnostic Code: NO ALERT REQUIRED

Procedure/Test Name:	US CAROTIDS
Date/Time Exam Performed:	09 Aug 2022 @ 1301
Ordering Location:	No CA Healthcare Sys-Martinez
Requesting Provider:	DULAI,KAMALPREET
Reason for Study:	syncope
Performing Location:	No CA Healthcare Sys-Martinez 150 Muir Road, MARTINEZ 94553
Clinical History:	
Radiologist:	BROWN-LAMBEY,JULIET

Report

Report:
CAROTID VELOCITY MEASUREMENTS**********
All measurements taken at 60 degree angle unless otherwise noted.
This exam does not exclude the presence of ulcerations if the patient
has symptoms.
****

RIGHT CCA : 88 cm/sec LT CCA : 84 cm/sec

RIGHT ICA: LT ICA:

PROX= 64/23 cm/sec PROX= 79/28 cm/sec
MID= 75/30 cm/sec MID= 88/33 cm/sec
DIST= 82/32 cm/sec DIST= 76/31 cm/sec

RIGHT ECA: 77 cm/sec LT ECA: 77 cm/sec

RIGHT VERT: 45 cm/sec LT VERT: 62 cm/sec

ICA/CCA RATIO: 0.9 ICA/CCA RATIO:1.1

Quality: acceptable

Notes
=====
Right : Minimal plaque.

Right Vert- Antegrade flow.

Left : Minimal plaque. Left Vert- Antegrade flow.

Recommended Modification of the SRU Consensus Conference Criteria
for Internal Carotid Artery Stenosis for Implementation in
IAC-accredited Vascular Laboratories (October 2021):

Diameter reduction ICA PSV Plaque Estimate,
% 0% Normal <180
none
<50% <180 cm/sec <50

50-69% 180-230 cm/sec >50

>70 but less than near > 230 > 50

near occlusion H, L, or undetectable Visible total
Occlusion Undetectable Visible, no
detectable lumen

Diameter reduction ICA/CCA PSV ratio ICA, EDV cm/sec
50 - 69% 2.0-4.0 40-100 >70%
>4 >
100 near occlusion Variable
Varible

Impression:

Minimal plaque. No stenosis.

8/12/2022 10:07 AM

Primary Diagnostic Code: NO ALERT REQUIRED

Procedure/Test Name:	MRI HEAD W/O
Date/Time Exam Performed:	31 Jul 2022 @ 1249
Ordering Location:	No CA Healthcare Sys-Martinez
Requesting Provider:	DULAI,KAMALPREET

Reason for Study:	syncopal episode
Performing Location:	No CA Healthcare Sys-Martinez 150 Muir Road, MARTINEZ 94553
Clinical History:	No MR Study contraindication noted for patient. Additional Comment:
Radiologist:	AGARWAL,AMBIKA

Report

Report:
MRI brain without contrast

Clinical statement: Syncope

MRI of the brain was performed utilizing the following sequences:
Axial T1, T2 , axial and coronal FLAIR and sagittal T1.
Additional Diffusion Weighted images and ADC mapping were obtained.

Comparison: No prior similar studies are available for comparison.

Findings: There is no evidence of restricted diffusion to suggest an acute infarct. The lateral, third and fourth ventricles are unremarkable. No extra-axial blood or fluid collection is present. No intracranial mass is identified. The brainstem, posterior fossa and cervical medullary junction are unremarkable. Normal intracranial intravascular flow voids are seen. The orbits, pituitary gland and pineal gland are unremarkable. There is no midline shift or mass effect. Mild left maxillary mucosal thickening.

Impression:
Unremarkable MRI of brain.

8/1/2022 8:41 AM

Primary Diagnostic Code: NO ALERT REQUIRED

Procedure/Test Name:	MYOCARDIAL PERFUSION (SPECT) MULTIPLE STUDIES
Date/Time Exam Performed:	07 Jul 2022 @ 0857
Ordering Location:	No CA Healthcare Sys-Martinez
Requesting Provider:	DULAI,KAMALPREET
Reason for Study:	Syncope

Performing Location:	No CA Healthcare Sys-Martinez 150 Muir Road, MARTINEZ 94553
Clinical History:	Pharmacologic Myocardial Perfusion: Therapeutic levels of Isosorbide (oral Nitrates) reduce the sensitivity of the scan for ischemia. Can the patient hold isosorbide the day prior to and the morning of the exam? Patient is not on any oral nitrates. **The patient must have SL nitroglycerin prescribed, at the ready, for PRN use if oral nitrate therapy is held prior to the study. Reason for Request: pt wtih syncopal episode, please eval for ischemia 1. Does the patient have severe wheezing and/or history of severe asthma? No 2. Is the patient taking theophylline compounds? No If yes, can the patient stop? 3. Is the patient taking dipyridamole? No If yes, can the patient stop? 4. Has the patient had a myocardial perfusion scan in the past year at the VA or an outside facility? No If yes, provide clinical justification for the repeat procedure.
Radiologist:	RAHNAMAYI,ROSHANAK

Report

Report:
PHARMACOLOGIC MYOCARDIAL PERFUSION STUDY

CLINICAL HISTORY: 62 years old Male with syncopal episode ,
referred to evaluate for myocardial ischemia.

COMPARISON: No prior MPI SPECT

RADIOPHARMACEUTICAL: Tc-99m Myoview, IV, 10.51 mCi rest; 36.4 mCi
stress.

TECHNIQUE: Pertinent medications and contraindications were

reviewed. 5 mL (0.4 mg) regadenoson, i.e., Lexiscan was infused IV over 10 sec followed by a 5 mL saline flush over 10 sec with a good hemodynamic response (heart rate increased from 57 up to 92, systolic blood pressure changed from 151 to 158). There were no significant symptoms. Myoview was injected 25 sec following regadenoson. A full, official EKG report will be dictated separately . SPECT images were acquired at stress and rest 30-45 min post Myoview injection. Stress images were gated. Low-resolution CT was performed at stress and rest acquisition for attenuation correction.

Rest CTDI vol = 0.1, 2.6 mGy, total DLP = 3.16, 53.74 mGy-cm
Stress CTDI vol = 0.1, 2.73 mGy, total DLP = 1.89, 56.33 mGy-cm

FINDINGS:

SPECT Myocardial perfusion images demonstrate physiologic appearing radiotracer distribution with no reversible or fixed perfusion defect suggestive of ischemia or prior myocardial infarction.

Ventricular size is within normal range (end-diastolic volume = 90 mL) No qualitative transient ischemic dilation (TID) with stress. The TID score = 1 (normal < 1.2-1.3). Gated images demonstrate normal LV wall motion and contractility. Calculated LVEF = 71% (normal >= 50%).

Low dose, noncontrast CT demonstrates Aortic and coronary artery atherosclerosis, normal heart size, No evidence of pericardial or pleural effusion. Visualized portion of lungs demonstrates 9 mm round glass opacity in the right upper lobe (CT series 1004, image #13). No prominent pulmonary nodules or masses are seen in the partially visualized lung fields, evaluation is limited by respiratory motion. Note, subcentimeter pulmonary nodules are below the sensitivity of the low-dose CT obtained. No lymphadenopathy in the partially visualized mediastinum. Limited images of the upper abdomen are grossly unremarkable. No suspicious osseous lesions. Note made of degenerative changes in the visualized portion of the spines.

Impression:

1. No evidence for reversible or fixed perfusion defects suggestive of ischemia or prior myocardial infarction is identified.

2. Normal LV systolic function. LVEF = 71% (normal >= 50%).

3. Incidental noncontrast CT findings include aortic and coronary artery atherosclerosis, 9 mm right upper lobe pulmonary groundglass opacity. Recommend follow-up CT at 6 months.

7/7/2022 1:36 PM

Primary Diagnostic Code: SIGNIFICANT ABNORMALITY, ATTN NEEDED

Procedure/Test Name:	LEXISCAN
Date/Time Exam Performed:	07 Jul 2022 @ 0857
Ordering Location:	No CA Healthcare Sys-Martinez
Requesting Provider:	DULAI,KAMALPREET
Reason for Study:	Syncope
Performing Location:	No CA Healthcare Sys-Martinez 150 Muir Road, MARTINEZ 94553
Clinical History:	Pharmacologic Myocardial Perfusion: Therapeutic levels of Isosorbide (oral Nitrates) reduce the sensitivity of the scan for ischemia. Can the patient hold isosorbide the day prior to and the morning of the exam? Patient is not on any oral nitrates. **The patient must have SL nitroglycerin prescribed, at the ready, for PRN use if oral nitrate therapy is held prior to the study. Reason for Request: pt wtih syncopal episode, please eval for ischemia 1. Does the patient have severe wheezing and/or history of severe asthma? No 2. Is the patient taking theophylline compounds? No If yes, can the patient stop? 3. Is the patient taking dipyridamole? No If yes, can the patient stop? 4. Has the patient had a myocardial perfusion scan in the past year at the VA or an outside facility? No If yes, provide clinical justification for the repeat procedure.

Radiologist:	RAHNAMAYI,ROSHANAK

Report

Report:
PHARMACOLOGIC MYOCARDIAL PERFUSION STUDY

CLINICAL HISTORY: 62 years old Male with syncopal episode , referred to evaluate for myocardial ischemia.

COMPARISON: No prior MPI SPECT

RADIOPHARMACEUTICAL: Tc-99m Myoview, IV, 10.51 mCi rest; 36.4 mCi stress.

TECHNIQUE: Pertinent medications and contraindications were reviewed. 5 mL (0.4 mg) regadenoson, i.e., Lexiscan was infused IV over 10 sec followed by a 5 mL saline flush over 10 sec with a good hemodynamic response (heart rate increased from 57 up to 92, systolic blood pressure changed from 151 to 158). There were no significant symptoms. Myoview was injected 25 sec following regadenoson. A full, official EKG report will be dictated separately . SPECT images were acquired at stress and rest 30-45 min post Myoview injection. Stress images were gated. Low-resolution CT was performed at stress and rest acquisition for attenuation correction.

Rest CTDI vol = 0.1, 2.6 mGy, total DLP = 3.16, 53.74 mGy-cm
Stress CTDI vol = 0.1, 2.73 mGy, total DLP = 1.89, 56.33 mGy-cm

FINDINGS:

SPECT Myocardial perfusion images demonstrate physiologic appearing radiotracer distribution with no reversible or fixed perfusion defect suggestive of ischemia or prior myocardial infarction.

Ventricular size is within normal range (end-diastolic volume = 90 mL) No qualitative transient ischemic dilation (TID) with stress. The TID score = 1 (normal < 1.2-1.3). Gated images demonstrate normal LV wall motion and contractility. Calculated LVEF = 71% (normal >= 50%).

Low dose, noncontrast CT demonstrates Aortic and coronary artery atherosclerosis, normal heart size, No evidence of pericardial or pleural effusion. Visualized portion of lungs demonstrates 9 mm round glass opacity in the right upper lobe (CT series 1004, image #13). No prominent pulmonary nodules or masses are seen in the partially visualized lung fields, evaluation is limited by respiratory motion. Note, subcentimeter pulmonary nodules are below the sensitivity of the low-dose CT obtained. No

lymphadenopathy in the partially visualized mediastinum. Limited images of the upper abdomen are grossly unremarkable. No suspicious osseous lesions. Note made of degenerative changes in the visualized portion of the spines.

Impression:

1. No evidence for reversible or fixed perfusion defects suggestive of ischemia or prior myocardial infarction is identified.

2. Normal LV systolic function. LVEF = 71% (normal >= 50%).

3. Incidental noncontrast CT findings include aortic and coronary artery atherosclerosis, 9 mm right upper lobe pulmonary groundglass opacity. Recommend follow-up CT at 6 months.

7/7/2022 1:36 PM

Primary Diagnostic Code: SIGNIFICANT ABNORMALITY, ATTN NEEDED

Procedure/Test Name:	NUC STRESS TEST, W/CARDIOLOGY SUPV AND W/O INTPN AND REPORT
Date/Time Exam Performed:	07 Jul 2022 @ 0857
Ordering Location:	No CA Healthcare Sys-Martinez
Requesting Provider:	DULAI,KAMALPREET
Reason for Study:	Syncope
Performing Location:	No CA Healthcare Sys-Martinez 150 Muir Road, MARTINEZ 94553
Clinical History:	Pharmacologic Myocardial Perfusion: Therapeutic levels of Isosorbide (oral Nitrates) reduce the sensitivity of the scan for ischemia. Can the patient hold isosorbide the day prior to and the morning of the exam? Patient is not on any oral nitrates. **The patient must have SL nitroglycerin prescribed, at the ready, for PRN use if oral nitrate therapy is held prior to the study. Reason for Request: pt wtih syncopal episode, please eval for ischemia 1. Does the patient have severe wheezing and/or history of severe

	asthma? No 2. Is the patient taking theophylline compounds? No If yes, can the patient stop? 3. Is the patient taking dipyridamole? No If yes, can the patient stop? 4. Has the patient had a myocardial perfusion scan in the past year at the VA or an outside facility? No If yes, provide clinical justification for the repeat procedure.
Radiologist:	RAHNAMAYI,ROSHANAK

Report

Report:
PHARMACOLOGIC MYOCARDIAL PERFUSION STUDY

CLINICAL HISTORY: 62 years old Male with syncopal episode , referred to evaluate for myocardial ischemia.

COMPARISON: No prior MPI SPECT

RADIOPHARMACEUTICAL: Tc-99m Myoview, IV, 10.51 mCi rest; 36.4 mCi stress.

TECHNIQUE: Pertinent medications and contraindications were reviewed. 5 mL (0.4 mg) regadenoson, i.e., Lexiscan was infused IV over 10 sec followed by a 5 mL saline flush over 10 sec with a good hemodynamic response (heart rate increased from 57 up to 92, systolic blood pressure changed from 151 to 158). There were no significant symptoms. Myoview was injected 25 sec following regadenoson. A full, official EKG report will be dictated separately . SPECT images were acquired at stress and rest 30-45 min post Myoview injection. Stress images were gated. Low-resolution CT was performed at stress and rest acquisition for attenuation correction.

Rest CTDI vol = 0.1, 2.6 mGy, total DLP = 3.16, 53.74 mGy-cm
Stress CTDI vol = 0.1, 2.73 mGy, total DLP = 1.89, 56.33 mGy-cm

FINDINGS:

SPECT Myocardial perfusion images demonstrate physiologic appearing radiotracer distribution with no reversible or fixed perfusion defect suggestive of ischemia or prior myocardial

infarction.

Ventricular size is within normal range (end-diastolic volume = 90 mL) No qualitative transient ischemic dilation (TID) with stress. The TID score = 1 (normal < 1.2-1.3). Gated images demonstrate normal LV wall motion and contractility. Calculated LVEF = 71% (normal >= 50%).

Low dose, noncontrast CT demonstrates Aortic and coronary artery atherosclerosis, normal heart size, No evidence of pericardial or pleural effusion. Visualized portion of lungs demonstrates 9 mm round glass opacity in the right upper lobe (CT series 1004, image #13). No prominent pulmonary nodules or masses are seen in the partially visualized lung fields, evaluation is limited by respiratory motion. Note, subcentimeter pulmonary nodules are below the sensitivity of the low-dose CT obtained. No lymphadenopathy in the partially visualized mediastinum. Limited images of the upper abdomen are grossly unremarkable. No suspicious osseous lesions. Note made of degenerative changes in the visualized portion of the spines.

Impression:

1. No evidence for reversible or fixed perfusion defects suggestive of ischemia or prior myocardial infarction is identified.

2. Normal LV systolic function. LVEF = 71% (normal >= 50%).

3. Incidental noncontrast CT findings include aortic and coronary artery atherosclerosis, 9 mm right upper lobe pulmonary groundglass opacity. Recommend follow-up CT at 6 months.

7/7/2022 1:36 PM

Primary Diagnostic Code: SIGNIFICANT ABNORMALITY, ATTN NEEDED

Procedure/Test Name:	SUPPLY OF RADIOPHARM TC-TETROFOSMIN
Date/Time Exam Performed:	07 Jul 2022 @ 0857
Ordering Location:	No CA Healthcare Sys-Martinez
Requesting Provider:	DULAI,KAMALPREET
Reason for Study:	Syncope
Performing Location:	No CA Healthcare Sys-Martinez 150 Muir Road, MARTINEZ 94553
Clinical History:	

Pharmacologic Myocardial Perfusion:

Therapeutic levels of Isosorbide (oral Nitrates) reduce the sensitivity of the scan for ischemia. Can the patient hold isosorbide the day prior to and the morning of the exam?

Patient is not on any oral nitrates.

**The patient must have SL nitroglycerin prescribed, at the ready, for PRN use if oral nitrate therapy is held prior to the study.

Reason for Request:
pt wtih syncopal episode, please eval for ischemia

1. Does the patient have severe wheezing and/or history of severe asthma?
No

2. Is the patient taking theophylline compounds?
No
If yes, can the patient stop?

3. Is the patient taking dipyridamole? No
If yes, can the patient stop?

4. Has the patient had a myocardial perfusion scan in the past year at the
VA or an outside facility? No
If yes, provide clinical justification for the repeat procedure.

Radiologist: RAHNAMAYI,ROSHANAK

Report

Report:
PHARMACOLOGIC MYOCARDIAL PERFUSION STUDY

CLINICAL HISTORY: 62 years old Male with syncopal episode , referred to evaluate for myocardial ischemia.

COMPARISON: No prior MPI SPECT

RADIOPHARMACEUTICAL: Tc-99m Myoview, IV, 10.51 mCi rest; 36.4 mCi stress.

TECHNIQUE: Pertinent medications and contraindications were reviewed. 5 mL (0.4 mg) regadenoson, i.e., Lexiscan was infused IV over 10 sec followed by a 5 mL saline flush over 10 sec with a

good hemodynamic response (heart rate increased from 57 up to 92, systolic blood pressure changed from 151 to 158). There were no significant symptoms. Myoview was injected 25 sec following regadenoson. A full, official EKG report will be dictated separately . SPECT images were acquired at stress and rest 30-45 min post Myoview injection. Stress images were gated. Low-resolution CT was performed at stress and rest acquisition for attenuation correction.

Rest CTDI vol = 0.1, 2.6 mGy, total DLP = 3.16, 53.74 mGy-cm
Stress CTDI vol = 0.1, 2.73 mGy, total DLP = 1.89, 56.33 mGy-cm

FINDINGS:

SPECT Myocardial perfusion images demonstrate physiologic appearing radiotracer distribution with no reversible or fixed perfusion defect suggestive of ischemia or prior myocardial infarction.

Ventricular size is within normal range (end-diastolic volume = 90 mL) No qualitative transient ischemic dilation (TID) with stress. The TID score = 1 (normal < 1.2-1.3). Gated images demonstrate normal LV wall motion and contractility. Calculated LVEF = 71% (normal >= 50%).

Low dose, noncontrast CT demonstrates Aortic and coronary artery atherosclerosis, normal heart size, No evidence of pericardial or pleural effusion. Visualized portion of lungs demonstrates 9 mm round glass opacity in the right upper lobe (CT series 1004, image #13). No prominent pulmonary nodules or masses are seen in the partially visualized lung fields, evaluation is limited by respiratory motion. Note, subcentimeter pulmonary nodules are below the sensitivity of the low-dose CT obtained. No lymphadenopathy in the partially visualized mediastinum. Limited images of the upper abdomen are grossly unremarkable. No suspicious osseous lesions. Note made of degenerative changes in the visualized portion of the spines.

Impression:

1. No evidence for reversible or fixed perfusion defects suggestive of ischemia or prior myocardial infarction is identified.

2. Normal LV systolic function. LVEF = 71% (normal >= 50%).

3. Incidental noncontrast CT findings include aortic and coronary artery atherosclerosis, 9 mm right upper lobe pulmonary

groundglass opacity. Recommend follow-up CT at 6 months.

7/7/2022 1:36 PM

Primary Diagnostic Code: SIGNIFICANT ABNORMALITY, ATTN NEEDED

Procedure/Test Name:	LEXISCAN
Date/Time Exam Performed:	07 Jul 2022 @ 0857
Ordering Location:	No CA Healthcare Sys-Martinez
Requesting Provider:	DULAI,KAMALPREET
Reason for Study:	Syncope
Performing Location:	No CA Healthcare Sys-Martinez 150 Muir Road, MARTINEZ 94553
Clinical History:	Pharmacologic Myocardial Perfusion: Therapeutic levels of Isosorbide (oral Nitrates) reduce the sensitivity of the scan for ischemia. Can the patient hold isosorbide the day prior to and the morning of the exam? Patient is not on any oral nitrates. **The patient must have SL nitroglycerin prescribed, at the ready, for PRN use if oral nitrate therapy is held prior to the study. Reason for Request: pt wtih syncopal episode, please eval for ischemia 1. Does the patient have severe wheezing and/or history of severe asthma? No 2. Is the patient taking theophylline compounds? No If yes, can the patient stop? 3. Is the patient taking dipyridamole? No If yes, can the patient stop? 4. Has the patient had a myocardial perfusion scan in the past year at the VA or an outside facility? No If yes, provide clinical justification for the repeat procedure.
Radiologist:	RAHNAMAYI,ROSHANAK

Report

Report:
PHARMACOLOGIC MYOCARDIAL PERFUSION STUDY

CLINICAL HISTORY: 62 years old Male with syncopal episode , referred to evaluate for myocardial ischemia.

COMPARISON: No prior MPI SPECT

RADIOPHARMACEUTICAL: Tc-99m Myoview, IV, 10.51 mCi rest; 36.4 mCi stress.

TECHNIQUE: Pertinent medications and contraindications were reviewed. 5 mL (0.4 mg) regadenoson, i.e., Lexiscan was infused IV over 10 sec followed by a 5 mL saline flush over 10 sec with a good hemodynamic response (heart rate increased from 57 up to 92, systolic blood pressure changed from 151 to 158). There were no significant symptoms. Myoview was injected 25 sec following regadenoson. A full, official EKG report will be dictated separately . SPECT images were acquired at stress and rest 30-45 min post Myoview injection. Stress images were gated. Low-resolution CT was performed at stress and rest acquisition for attenuation correction.

Rest CTDI vol = 0.1, 2.6 mGy, total DLP = 3.16, 53.74 mGy-cm
Stress CTDI vol = 0.1, 2.73 mGy, total DLP = 1.89, 56.33 mGy-cm

FINDINGS:

SPECT Myocardial perfusion images demonstrate physiologic appearing radiotracer distribution with no reversible or fixed perfusion defect suggestive of ischemia or prior myocardial infarction.

Ventricular size is within normal range (end-diastolic volume = 90 mL) No qualitative transient ischemic dilation (TID) with stress. The TID score = 1 (normal < 1.2-1.3). Gated images demonstrate normal LV wall motion and contractility. Calculated LVEF = 71% (normal >= 50%).

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the visualized portion of the spines.

Impression:

1. No evidence for reversible or fixed perfusion defects suggestive of ischemia or prior myocardial infarction is identified.

2. Normal LV systolic function. LVEF = 71% (normal >= 50%).

3. Incidental noncontrast CT findings include aortic and coronary artery atherosclerosis, 9 mm right upper lobe pulmonary groundglass opacity. Recommend follow-up CT at 6 months.

7/7/2022 1:36 PM

Primary Diagnostic Code: SIGNIFICANT ABNORMALITY, ATTN NEEDED

Procedure/Test Name:	LEXISCAN
Date/Time Exam Performed:	07 Jul 2022 @ 0857
Ordering Location:	No CA Healthcare Sys-Martinez
Requesting Provider:	DULAI,KAMALPREET
Reason for Study:	Syncope
Performing Location:	No CA Healthcare Sys-Martinez 150 Muir Road, MARTINEZ 94553
Clinical History:	Pharmacologic Myocardial Perfusion: Therapeutic levels of Isosorbide (oral Nitrates) reduce the sensitivity of the scan for ischemia. Can the patient hold isosorbide the day prior to and the morning of the exam? Patient is not on any oral nitrates. **The patient must have SL nitroglycerin prescribed, at the ready, for PRN use if oral nitrate therapy is held prior to the study. Reason for Request: pt wtih syncopal episode, please eval for ischemia 1. Does the patient have severe wheezing and/or history of severe asthma? No

	2. Is the patient taking theophylline compounds? No If yes, can the patient stop? 3. Is the patient taking dipyridamole? No If yes, can the patient stop? 4. Has the patient had a myocardial perfusion scan in the past year at the VA or an outside facility? No If yes, provide clinical justification for the repeat procedure.
Radiologist:	RAHNAMAYI,ROSHANAK

Report

Report:

PHARMACOLOGIC MYOCARDIAL PERFUSION STUDY

CLINICAL HISTORY: 62 years old Male with syncopal episode , referred to evaluate for myocardial ischemia.

COMPARISON: No prior MPI SPECT

RADIOPHARMACEUTICAL: Tc-99m Myoview, IV, 10.51 mCi rest; 36.4 mCi stress.

TECHNIQUE: Pertinent medications and contraindications were reviewed. 5 mL (0.4 mg) regadenoson, i.e., Lexiscan was infused IV over 10 sec followed by a 5 mL saline flush over 10 sec with a good hemodynamic response (heart rate increased from 57 up to 92, systolic blood pressure changed from 151 to 158). There were no significant symptoms. Myoview was injected 25 sec following regadenoson. A full, official EKG report will be dictated separately . SPECT images were acquired at stress and rest 30-45 min post Myoview injection. Stress images were gated. Low-resolution CT was performed at stress and rest acquisition for attenuation correction.

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FINDINGS:

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Ventricular size is within normal range (end-diastolic volume =

90 mL) No qualitative transient ischemic dilation (TID) with stress. The TID score = 1 (normal < 1.2-1.3). Gated images demonstrate normal LV wall motion and contractility. Calculated LVEF = 71% (normal >= 50%).

Low dose, noncontrast CT demonstrates Aortic and coronary artery atherosclerosis, normal heart size, No evidence of pericardial or pleural effusion. Visualized portion of lungs demonstrates 9 mm round glass opacity in the right upper lobe (CT series 1004, image #13). No prominent pulmonary nodules or masses are seen in the partially visualized lung fields, evaluation is limited by respiratory motion. Note, subcentimeter pulmonary nodules are below the sensitivity of the low-dose CT obtained. No lymphadenopathy in the partially visualized mediastinum. Limited images of the upper abdomen are grossly unremarkable. No suspicious osseous lesions. Note made of degenerative changes in the visualized portion of the spines.

Impression:

1. No evidence for reversible or fixed perfusion defects suggestive of ischemia or prior myocardial infarction is identified.

2. Normal LV systolic function. LVEF = 71% (normal >= 50%).

3. Incidental noncontrast CT findings include aortic and coronary artery atherosclerosis, 9 mm right upper lobe pulmonary groundglass opacity. Recommend follow-up CT at 6 months.

7/7/2022 1:36 PM

Primary Diagnostic Code: SIGNIFICANT ABNORMALITY, ATTN NEEDED

Procedure/Test Name:	SUPPLY OF RADIOPHARM TC-TETROFOSMIN
Date/Time Exam Performed:	07 Jul 2022 @ 0857
Ordering Location:	No CA Healthcare Sys-Martinez
Requesting Provider:	DULAI,KAMALPREET
Reason for Study:	Syncope
Performing Location:	No CA Healthcare Sys-Martinez 150 Muir Road, MARTINEZ 94553
Clinical History:	Pharmacologic Myocardial Perfusion: Therapeutic levels of Isosorbide (oral Nitrates) reduce the

sensitivity of the scan for ischemia. Can the patient hold isosorbide the day prior to and the morning of the exam?

Patient is not on any oral nitrates.

**The patient must have SL nitroglycerin prescribed, at the ready, for PRN use if oral nitrate therapy is held prior to the study.

Reason for Request:
pt wtih syncopal episode, please eval for ischemia

1. Does the patient have severe wheezing and/or history of severe asthma?
No

2. Is the patient taking theophylline compounds?
No
If yes, can the patient stop?

3. Is the patient taking dipyridamole? No
If yes, can the patient stop?

4. Has the patient had a myocardial perfusion scan in the past year at the
VA or an outside facility? No
If yes, provide clinical justification for the repeat procedure.

Radiologist: RAHNAMAYI,ROSHANAK

Report

Report:
PHARMACOLOGIC MYOCARDIAL PERFUSION STUDY

CLINICAL HISTORY: 62 years old Male with syncopal episode , referred to evaluate for myocardial ischemia.

COMPARISON: No prior MPI SPECT

RADIOPHARMACEUTICAL: Tc-99m Myoview, IV, 10.51 mCi rest; 36.4 mCi stress.

TECHNIQUE: Pertinent medications and contraindications were reviewed. 5 mL (0.4 mg) regadenoson, i.e., Lexiscan was infused IV over 10 sec followed by a 5 mL saline flush over 10 sec with a good hemodynamic response (heart rate increased from 57 up to 92, systolic blood pressure changed from 151 to 158). There were no significant symptoms. Myoview was injected 25 sec following regadenoson. A full, official EKG report will be dictated

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7/7/2022 1:36 PM

Primary Diagnostic Code: SIGNIFICANT ABNORMALITY, ATTN NEEDED

Procedure/Test Name:	LEXISCAN
Date/Time Exam Performed:	07 Jul 2022 @ 0857
Ordering Location:	No CA Healthcare Sys-Martinez
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Reason for Study:	Syncope
Performing Location:	No CA Healthcare Sys-Martinez 150 Muir Road, MARTINEZ 94553
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Radiologist:	RAHNAMAYI,ROSHANAK

Report

Report:
PHARMACOLOGIC MYOCARDIAL PERFUSION STUDY

CLINICAL HISTORY: 62 years old Male with syncopal episode , referred to evaluate for myocardial ischemia.

COMPARISON: No prior MPI SPECT

RADIOPHARMACEUTICAL: Tc-99m Myoview, IV, 10.51 mCi rest; 36.4 mCi stress.

TECHNIQUE: Pertinent medications and contraindications were reviewed. 5 mL (0.4 mg) regadenoson, i.e., Lexiscan was infused IV over 10 sec followed by a 5 mL saline flush over 10 sec with a good hemodynamic response (heart rate increased from 57 up to 92, systolic blood pressure changed from 151 to 158). There were no significant symptoms. Myoview was injected 25 sec following regadenoson. A full, official EKG report will be dictated separately . SPECT images were acquired at stress and rest 30-45 min post Myoview injection. Stress images were gated. Low-resolution CT was performed at stress and rest acquisition for attenuation correction.

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2. Normal LV systolic function. LVEF = 71% (normal >= 50%).

3. Incidental noncontrast CT findings include aortic and coronary artery atherosclerosis, 9 mm right upper lobe pulmonary groundglass opacity. Recommend follow-up CT at 6 months.

7/7/2022 1:36 PM

Primary Diagnostic Code: SIGNIFICANT ABNORMALITY, ATTN NEEDED

Procedure/Test Name:	MRI KNEE W/O
Date/Time Exam Performed:	26 Feb 2022 @ 1457
Ordering Location:	No CA Healthcare Sys-Martinez
Requesting Provider:	MOITOZA,JAMES RAYMOND
Reason for Study:	recurrent medial joint line pain
Performing Location:	No CA Healthcare Sys-Martinez 150 Muir Road, MARTINEZ 94553
Clinical History:	Clinical History: recurrent MJL pain. Sucessful partial Medial Meniscectomy 2012. Current radiographs do not disclose expect progression to OA. Can another medial arthroscopy help with reccurent MMT or? Screening for MRI/MRA Contradindications: After review of the problem list and clinical warnings I certify that to the best of my knowledge the patient does not have MRI/MRA contraindications Last eGFR: eGFR Collection DT Spec Lab eGFR 12/08/2021 12:52 PLASM [634] >60 Performing Lab Sites [634] SACRAMENTO VA MEDICAL CENTER [CLIA# 05D0988241] 10535 HOSPITAL WAY MATHER, CA 95655-4200 Last Creatinine: SLT - Creatinine Collection DT Specimen Test Name Result Units Ref Range Site Code 12/08/2021 12:52 PLASMA!! CREATININE 0.90 mg/dL 0.5 - 1.1 [634] !! Indicates COMMENTS AVAILABLE...Refer to Interim Lab Report. Performing Lab Sites [634] SACRAMENTO VA MEDICAL CENTER [CLIA# 05D0988241]

	10535 HOSPITAL WAY MATHER, CA 95655-4200
Radiologist:	CHAN,STEVE S

Report

Report:
STUDY: knee

Comparison: Left knee x-rays 1/27/2022. Left knee MRI 2/18/2011.

Technique: Left knee MRI was performed using coronal and sagittal PD and T2 fat-saturated and axial PD fat-saturated sequences.

Findings: Meniscus: Diminutive morphology of the medial meniscus with linear increased signal intensity within the posterior horn extending to the undersurface (sagittal 24). Preserved lateral meniscus.

Cruciate ligaments: Thickening with increase signal intensity of the anterior cruciate ligament. Intact PCL.

Medial collateral ligamentous complex: Intact

Lateral stabilizing structures: Intact

Extensor mechanism: Intact

Articular cartilage: Mild thinning and surface irregularity of the patellar articular cartilage. Moderate thinning and surface irregularity of the trochlear groove articular cartilage. Mild thinning of the medial femoral condyle articular cartilage. High-grade chondral thinning at the periphery of the lateral tibial plateau with subchondral marrow edema. Moderate to high-grade thinning of the articular cartilage at the posterior weightbearing surface of the medial femoral condyle with subjacent marrow edema. Mild lateral tibial plateau chondral thinning.

Muscles and soft tissue: Muscle morphology and signal intensity are within normal limits. Mild edema of the suprapatellar fat pad.

Bones: Subenthesial cystic changes at the tibial insertion of the ACL. Small subchondral cyst formation within the proximal tibia at the tibiofibular articulation.

Impression:

1. Horizontal tear of the posterior horn of the medial meniscus. Diminutive medial meniscal morphology is consistent with prior partial meniscectomy.

2. Mucoid degeneration of the ACL.

3. Tricompartmental degenerative changes.

4. Edema of the suprapatellar fat pad which can be seen with altered patellofemoral tracking.

3/1/2022 10:13 AM

Primary Diagnostic Code: SIGNIFICANT ABNORMALITY, ATTN NEEDED

Procedure/Test Name:	KNEE 3 VIEWS
Date/Time Exam Performed:	27 Jan 2022 @ 1131
Ordering Location:	No CA Healthcare Sys-Martinez
Requesting Provider:	MOITOZA,JAMES RAYMOND
Reason for Study:	recurrent left medial joint line pain
Performing Location:	No CA Healthcare Sys-Martinez 150 Muir Road, MARTINEZ 94553
Clinical History:	Reason for Request: recurrent left knee medial joint line pain Orthopedics Evaluation Films Requested: STANDING Knees AP's and Tunnel Bilateral And supine Sunrise and Lateral Left
Radiologist:	ZENOOZ,NAVID

Report

Report:
Technique: 4 views of the left knee and 2 AP and PA views of the right knee.

Comparison: 9/15/2020.

Findings: Please see impression.

Impression:

Left knee: No acute fracture or dislocation. Stable minimal to mild tricompartmental osteoarthritis. No significant joint

effusion.

Right knee: Stable minimal degenerative changes of the medial and lateral tibiofemoral compartments. The patellofemoral compartment cannot be adequately evaluated on these 2 AP and PA views.

1/27/2022 6:44 PM

Primary Diagnostic Code: NO ALERT REQUIRED

Procedure/Test Name:	[OT] BOTH KNEES, STANDING, AP
Date/Time Exam Performed:	27 Jan 2022 @ 1131
Ordering Location:	No CA Healthcare Sys-Martinez
Requesting Provider:	MOITOZA,JAMES RAYMOND
Reason for Study:	recurrent left medial joint line pain
Performing Location:	No CA Healthcare Sys-Martinez 150 Muir Road, MARTINEZ 94553
Clinical History:	Reason for Request: recurrent left knee medial joint line pain Orthopedics Evaluation Films Requested: STANDING Knees AP's and Tunnel Bilateral And supine Sunrise and Lateral Left
Radiologist:	ZENOOZ,NAVID

Report

Report:
Technique: 4 views of the left knee and 2 AP and PA views of the right knee.

Comparison: 9/15/2020.

Findings: Please see impression.

Impression:

Left knee: No acute fracture or dislocation. Stable minimal to mild tricompartmental osteoarthritis. No significant joint effusion.

Right knee: Stable minimal degenerative changes of the medial and lateral tibiofemoral compartments. The patellofemoral compartment cannot be adequately evaluated on these 2 AP and PA views.

1/27/2022 6:44 PM

Primary Diagnostic Code: NO ALERT REQUIRED

Procedure/Test Name:	CHEST 2 VIEWS
Date/Time Exam Performed:	15 Sep 2020 @ 1335
Ordering Location:	No CA Healthcare Sys-Martinez
Requesting Provider:	BUCAYCAY,ELEANOR
Reason for Study:	congestion
Performing Location:	No CA Healthcare Sys-Martinez 150 Muir Road, MARTINEZ 94553
Clinical History:	chest congestion almost daily
Radiologist:	ABEDIN,SAMI

Report

Report:
EXAM DATE: 9/15/2020 2:05 PM

CHEST 2 VIEWS

CLINICAL INDICATION: congestion

COMPARISONS: 3/1/2012

FINDINGS:

Lungs: Normal pulmonary vasculature. No airspace consolidations. No pleural effusion. No pneumothorax.

Mediastinum: Cardiomediastinal silhouette is within normal limits of size.

Skeletal structures and Soft tissues: Skeletal structures are normal for age. Soft tissues are unremarkable. Visualized upper abdomen is unremarkable.

Impression:

No acute cardiopulmonary process.

9/15/2020 6:00 PM

Primary Diagnostic Code: NO ALERT REQUIRED

Procedure/Test Name:	KNEE 3 VIEWS
Date/Time Exam Performed:	15 Sep 2020 @ 1334
Ordering Location:	No CA Healthcare Sys-Martinez
Requesting Provider:	BUCAYCAY,ELEANOR
Reason for Study:	knee pain
Performing Location:	No CA Healthcare Sys-Martinez 150 Muir Road, MARTINEZ 94553
Clinical History:	Reason for Request: hx of chronic knee pain worsening Orthopedics Evaluation Films Requested: Knees AP's and Tunnel Bilateral And Sunrise and Lateral Bilateral
Radiologist:	GOODMAN,CHAD

Report

Report:
Discussion: 4 views of both knees are compared with previous studies dated 3/4/2013 as well as 12/18/2008. Examination demonstrates no acute osseous abnormalities. There is no evidence of fracture or dislocation. No osteolytic or osteoblastic lesions are seen. Slight decreased joint space noted in the medial compartments bilaterally, unchanged as compared to most recent study. There is no evidence of joint effusion. Normal bone mineralization is noted.

Impression:
Stable mild degenerative joint disease with minimal osteoarthritic changes in the medial compartments bilaterally without acute osseous abnormalities appreciated in both knees.

9/15/2020 6:39 PM

Primary Diagnostic Code: NO ALERT REQUIRED

Procedure/Test Name:	[OT] BOTH KNEES, STANDING, AP
Date/Time Exam Performed:	15 Sep 2020 @ 1334
Ordering Location:	No CA Healthcare Sys-Martinez

Requesting Provider:	BUCAYCAY,ELEANOR
Reason for Study:	knee pain
Performing Location:	No CA Healthcare Sys-Martinez 150 Muir Road, MARTINEZ 94553
Clinical History:	Reason for Request: hx of chronic knee pain worsening Orthopedics Evaluation Films Requested: Knees AP's and Tunnel Bilateral And Sunrise and Lateral Bilateral
Radiologist:	GOODMAN,CHAD

Report

Report:
Discussion: 4 views of both knees are compared with previous studies dated 3/4/2013 as well as 12/18/2008. Examination demonstrates no acute osseous abnormalities. There is no evidence of fracture or dislocation. No osteolytic or osteoblastic lesions are seen. Slight decreased joint space noted in the medial compartments bilaterally, unchanged as compared to most recent study. There is no evidence of joint effusion. Normal bone mineralization is noted.

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9/15/2020 6:39 PM

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Performing Location:	No CA Healthcare Sys-Martinez 150 Muir Road, MARTINEZ 94553
Clinical History:	Reason for Request: hx of chronic knee pain worsening Orthopedics Evaluation Films Requested: Knees AP's and Tunnel Bilateral

	And Sunrise and Lateral Bilateral
Radiologist:	GOODMAN,CHAD

Report

Report:
Discussion: 4 views of both knees are compared with previous studies dated 3/4/2013 as well as 12/18/2008. Examination demonstrates no acute osseous abnormalities. There is no evidence of fracture or dislocation. No osteolytic or osteoblastic lesions are seen. Slight decreased joint space noted in the medial compartments bilaterally, unchanged as compared to most recent study. There is no evidence of joint effusion. Normal bone mineralization is noted.

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Stable mild degenerative joint disease with minimal osteoarthritic changes in the medial compartments bilaterally without acute osseous abnormalities appreciated in both knees.

9/15/2020 6:39 PM

Primary Diagnostic Code: NO ALERT REQUIRED

VA Electrocardiogram Historical Exam Dates

Source:	VA
Last Updated:	31 Dec 2023 @ 1453
Sorted By:	Date/Time Exam Performed (Descending)
VA Electrocardiogram (EKG) dates are no longer updated. You may continue to view your historical EKG dates.	

Procedure/Test Name:	Electrocardiogram (EKG)
Date/Time Exam Performed:	22 Sep 2023 @ 0918
Ordering Location:	No CA Healthcare Sys-Martinez

Procedure/Test Name:	Electrocardiogram (EKG)
Date/Time Exam Performed:	07 Jul 2022 @ 0949
Ordering Location:	No CA Healthcare Sys-Martinez

Procedure/Test Name:	Electrocardiogram (EKG)
Date/Time Exam Performed:	16 Jun 2022 @ 1502
Ordering Location:	No CA Healthcare Sys-Martinez

Self Reported Family Health History

Source:	Self-Entered
No information was available that matched your selection.	

Self Reported Military Health History

Source:	Self-Entered
No information was available that matched your selection.	

Self Reported Activity Journal

Source:	Self-Entered
No information was available that matched your selection.	

Self Reported Food Journal

Source:	Self-Entered

No information was available that matched your selection.

DoD Military Service Information

Source:	DoD
Last Updated:	31 Dec 2023 @ 1452

NOTES:
1) This report may not show your complete DoD Military Service Information. For more information go to the FAQ tab. Data prior to establishment of DEERS and full service reporting (c. 1980) may not appear.
2) It is normal for the begin/end dates in DoD records, adjusted by the Personnel Center after separation, to vary slightly from the DD-214.
3) No peacetime deployments will be displayed. For Gulf War I, only one period will be displayed even if you deployed more than once. No conflict prior to Gulf War I will be displayed. Kosovo, Bosnia, and Southern Watch data is incomplete and may not display.
4) For Guard/Reserve, periods of active duty may not display. No periods of Active duty service less than 30 days will display.

-- Regular Active Service

Service	Begin Date	End Date	Character of Service	Rank
Air Force	10/23/1978	06/23/1982	Honorable	SGT

-- Reserve/Guard Association Periods

Service	Begin Date	End Date	Character of Service	Rank

-- Reserve/Guard Activation Periods

Service	Begin Date	End Date	Activated Under (Title 10, 32, etc.)

-- Deployment Periods

Service	Begin Date	End Date	Conflict	Location

-- DoD MOS/Occupation Codes
-- Note: Both Service and DoD Generic codes may not be present in all records

Service	Begin Date	Enl/Off	Type	Svc Occ Code	DoD Occ Code

-- Military/Combat Pay Details

Service	Begin Date	End Date	Military Pay Type	Location

-- Separation Pay Details

Service	Begin Date	End Date	Separation Pay Type

-- Retirement Periods

Service	Begin Date	End Date	Retirement Type	Rank

-- DoD Retirement Pay

Service	Begin Date	End Date	Dsblty %	Pay Stat	Term Rsn	Stop Pay Rsn

Translations of Codes Used in this Section:

Service Occupation Codes

DoD Occupation Codes

Military Pay Type Code
01 Combat Zone Tax Exclusion (CZTE)
02 Hostile Fire/Imminent Danger
03 Hazardous Duty incentive

Separation Pay Type Code
01 Separation Pay
02 Readjustment Pay
03 Non-Disability Severance Pay
04 Disability Severance Pay
05 Discharge Gratuity
06 Death Gratuity
07 Special Separation Benefit
08 Voluntary Separation Incentive Pay
09 Voluntary Separation Pay (VSP)
10 Contract Cancellation Pay and Allowances
11 Separation Pay Recoupment
12 Severance Pay Recoupment

Retirement Type Code
A Mandatory
B Voluntary
C Fleet Reserve
D Temporary Disability Retirement List
E Permanent Disability Retirement List
F Title III
G Special Act
H Philippine Scouts
Z Unknown

Retired Pay Status Code
1 Receiving retired pay
2 Eligible, not receiving pay
3 Eligible, not receiving direct SBP remittance
4 Terminated
5 Suspended

Retired Pay Termination Reason Code
C Pay condition terminated
S Pay terminated for the reason reported in the Stop Payment Reason Code
W Not terminated

Stop Payment Reason Code
A Member died
B Recalled to Active Duty
C Removed from TDRL, returned to Active Duty
D Removed from TDRL, returned to Civilian
E Pay suspended, failure to report for TDRL physical
F Civil Service retirement waiver
G VA compensation waiver
H Dual compensation, pay cap offset

J	Refused retired pay
K	Pay suspended, whereabouts unknown
L	Suspected death
M	Pay suspended, miscellaneous
Z	Not applicable

Self Reported My Goals: Current Goals

Source:	Self-Entered
Sorted By:	Priority, then by Goal Start Date (Descending)

There is no longer a 'My Goals' feature. Your Blue Button report shows the goals you set and finished.

ALL CURRENT GOALS - SUMMARY LIST (BY PRIORITY)
None Entered

Self Reported My Goals: Completed Goals

Source:	Self-Entered
Sorted By:	Date Goal Completed (Descending)

There is no longer a 'My Goals' feature. Your Blue Button report shows the goals you set and finished.

COMPLETED GOALS - SUMMARY LIST (BY DATE GOAL COMPLETED)
None Entered

END OF MY HEALTHEVET PERSONAL INFORMATION REPORT